

A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING CHILD ABUSE AMONG MOTHERS OF UNDER FIVE CHILDREN IN SELECTED RURAL AREAS OF CHOLANAGAR, BANGALORE

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ABSTRACT

Child maltreatment in its five recognised forms is a major public health. Physical and mental diseases are caused through proximal and distal pathways. Immediate physical injuries and conditions include brain injury and failure to thrive, and a panoply of psychological disorders include anxiety, depression, and suicidality. Quantitative Research Approach was used for the current study. Research design was pre-experimental one group pre-test post-test design. The sample of the study was Mothers of under five children from selected cholanagar rural community area of Bangalore, who will fulfill the inclusion criteria. The sample size was 100 Mothers of under 5-year children from cholanagar rural community area of Bangalore. Probability purposive sampling technique was performed for the study.

Key Words: Structured teaching programme, Cholanagar, child abuse.

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INTRODUCTION

Research suggests that child abuse is more prevalent in mothers than in fathers, and that child abuse and neglect are preventable. Numerous social, communicational, and personal programs have been, therefore, recommended and developed to prevent child abuse, including parents' educational programs and the communication programs proposed by the World Health Organization (WHO) for preschool children. These programs are used as the primary strategy for preventing the abuse of vulnerable children and treating mainly the children with behavioral problems rather than the healthy ones. They also tend to mostly investigate the parenting skills, parents' psychological health, and parent-child conflicts instead of misconduct, impaired parenting as well as the knowledge and educational needs of parents for child development and management of their behaviors. (DuhaimeAC et al 1992)

The National Study on Child Abuse undertaken by the Ministry of Women and Child Development, Government of India, in 2005, attempts to understand the extent of the problem, its dimensions as well as its intensity. Child abuse is when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm, or risk of serious harm to a child. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse. (Leeb RT et al 2008)

Children are a gift, which has much potential one, will be the best resource for the nation if it is been developed and utilized well. Children below five years of age group are known as the under-fives. During their phase of physical, psychosocial, and emotional maturation they develop certain behaviors that would mold them as a unique person to lead a productive life for which, adults are responsible crucially. At the same time, children are exposed to vulnerable risks in the environment by adults during their phase of maturation. Children have their right to live in a healthy society likely to be physically and mentally healthy, to have medical facilities, education, without any gender discrimination, etc. even beyond this legislation children are often maltreated in many forms at home, school, and daycare center by the caretakers and others. One of the maltreatment is child abuse which constitutes physical, emotional and sexual exploitation or neglect. It is like an infection that creates a downward spiral through the generation of each victim. Child abuse is an important national issue for which health professionals are concerned seriously. (Ambrose JB 1989)

REVIEW OF LITERATURE

Verma, A., Govindan, R., Ramu, R., & Thomas, B. (2023) aimed to assess parents' knowledge and evaluate the effectiveness of a structured teaching program on child physical abuse. They recruited 30 parents from a child psychiatry center and conducted the program online. The study used a pre-test and post-test design, with data collected through a knowledge questionnaire. The results were analyzed using descriptive and inferential statistics. Overall, the study aimed to understand how well parents understood child physical abuse and whether the teaching program had a positive impact on their knowledge.

RESEARCH METHODOLOGY

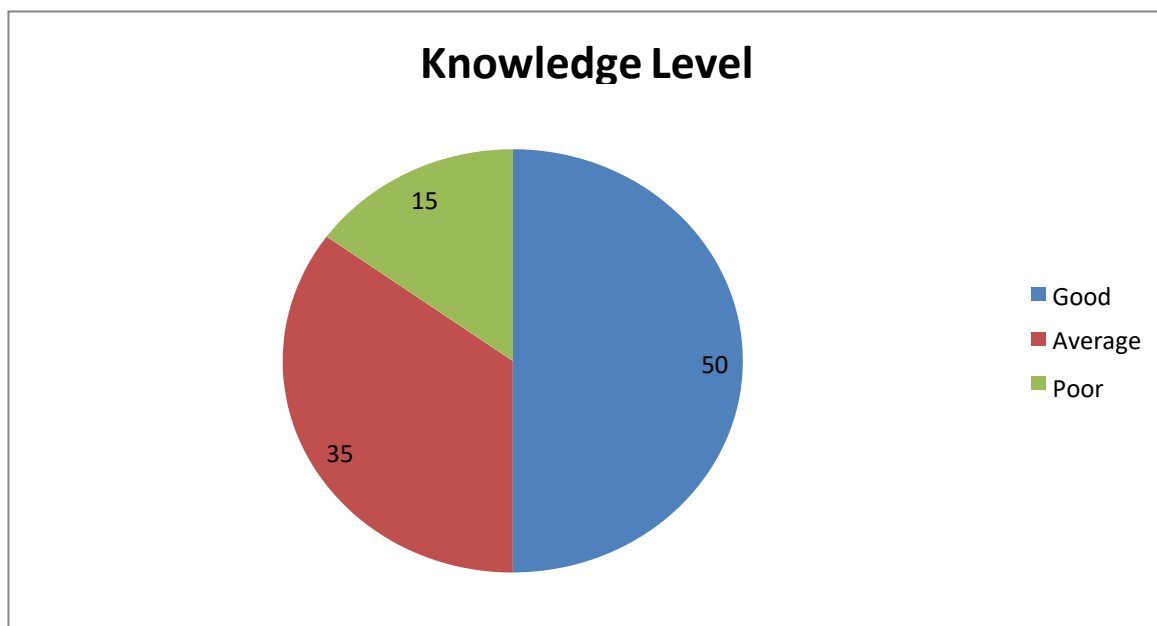
Quantitative Research Approach was used for the current study. Research design was Pre-experimental one group pre-test post-test design. The sample of the study was Mothers of under five children from selected cholanagar rural community area of Bangalore, who will fulfill the inclusion criteria. The sample size was 100 Mothers of under 5-year children from cholanagar rural community area of Bangalore. Probability purposive sampling technique was performed for the study.

DATA ANALYSIS AND INTERPRETATION

OBJECTIVE: To assess the effectiveness of structured teaching program regarding child abuse among mothers of under five children

TABLE .1 DISTRIBUTION TABLE OF POST-INTERVENTION

Knowledge Level	Frequency
Good	50
Average	35
Poor	15
Total	100



Setup the Hypotheses:

- Null Hypothesis (H0): There is no significant difference between pre-intervention and post-intervention knowledge levels regarding child abuse among mothers of under-five children.
- Alternative Hypothesis (H1): There is a significant difference between pre-intervention and post-intervention knowledge levels regarding child abuse among mothers of under-five children.

Calculate Expected Frequencies:

- Calculate the expected frequencies for each cell based on the total frequencies of pre-intervention and post-intervention data.

Calculate Chi-Square Statistic:

- Chi-Square = $\sum ((\text{Observed} - \text{Expected})^2 / \text{Expected})$, where \sum is the sum over all cells.

Determine Degrees of Freedom:

Degrees of Freedom (df) = (Number of rows - 1) * (Number of columns - 1)

Find Critical Chi-Square Value:

Determine the critical chi-square value for the given degrees of freedom and chosen significance level (e.g., 0.05).

Compare Chi-Square and Critical Chi-Square:

If the calculated chi-square value is greater than the critical chi-square value, we reject the null hypothesis and conclude that there is a significant difference between pre-intervention and post-intervention knowledge levels.

TABLE .2 COMPARISON OF CHI-SQUARE AND CRITICAL CHI-SQUARE:

Knowledge Level	Pre-Intervention Frequency (O1)	Post-Intervention Frequency (O2)	Total Frequency (N)	Pre-Intervention Expected Frequency (E1)	Post-Intervention Expected (E2)
Good	35	50	85	72.25	72.25
Average	45	35	80	64	64
Poor	20	15	35	12.25	12.25
Total	100	100	200		

Calculations:

Chi-Square Calculation:

$$\text{Chi-Square} = ((35-72.25)^2 / 72.25) + ((45-64)^2 / 64) + ((20-12.25)^2 / 12.25) + ((50-72.25)^2 / 72.25) + ((35-64)^2 / 64) + ((15-12.25)^2 / 12.25)$$

$$\text{Chi-Square} = (37.25^2 / 72.25) + (19^2 / 64) + (7.75^2 / 12.25) + (22.25^2 / 72.25) + (29^2 / 64) + (2.75^2 / 12.25)$$

$$\text{Chi-Square} = 1390.56 / 72.25 + 361 / 64 + 60.06 / 12.25 + 495.06 / 72.25 + 841 / 64 + 7.56 / 12.25$$

$$\text{Chi-Square} = 19.24 + 5.64 + 4.90 + 6.85 + 13.14 + 0.62$$

$$\text{Chi-Square} = 50.29$$

Degrees of Freedom: $df = (\text{Number of rows} - 1) * (\text{Number of columns} - 1) = (3 - 1) * (2 - 1) = 2$

For a significance level of 0.05, the critical chi-square value with 2 degrees of freedom is approximately 5.99. Since $50.29 > 5.99$, we reject the null hypothesis. This means that there is a significant difference between the pre-intervention and post-intervention knowledge levels regarding child abuse among mothers of under-five children.

TABLE .3 SUMMARY OF THE CHI-SQUARE RESULT:

Test Statistic	Value
Chi-Square	50.29
Critical Value	5.99
Degrees of Freedom	2
Significance Level	0.05
Result	Significant

The chi-square test result is significant, indicating a significant difference between the pre- intervention and post-intervention knowledge levels regarding child abuse among mothers of under-five children.

The chi-square test results indicate a significant difference between the pre-intervention and post-intervention knowledge levels regarding child abuse among mothers of under-five children. The calculated chi-square value of 50.29 exceeds the critical chi-square value of 5.99 for a significance level of 0.05, with 2 degrees of freedom.

This significant difference suggests that the structured teaching program was effective in improving the knowledge of mothers regarding child abuse in the selected rural areas of Cholanagar, Bangalore. The program led to a shift in the distribution of knowledge levels, with more mothers categorized as having good or average knowledge post-intervention compared to pre-intervention.

The findings imply that structured educational interventions can play a crucial role in enhancing awareness and understanding of child abuse among mothers of young children. This knowledge is vital for the prevention, identification, and response to child abuse cases, contributing to the overall well-being and safety of children in these communities.

It is recommended that similar structured teaching programs be implemented in other rural areas to further improve the awareness and knowledge levels of mothers regarding child abuse. Additionally, ongoing education and support programs can be beneficial to sustain and enhance the impact of such interventions over time.

CONCLUSION

These findings will serve as a baseline to assess the effectiveness of structured teaching program regarding child abuse among mothers of under five children. Thus proves that knowledge level of mothers has enhanced after giving structured teaching program. This will help mothers to protect children from abuse of all kind.

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